

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4	1					
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17	3					
18	3					
19	1					
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22						
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25						
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30						
31						
32						
33						
34						
35						
36	1					
37	1					
38	1					
39	1					
40	1					
41	2					
42	1					
43	1					
44	1					
45	1					
46						
47						
48						
49						
50						
TOTAL IND.	6					
TOTAL DEP.	40					
TOTAL CLAIMS	50					

CLAIMS	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						